

# KJC Secure Vaulting - Exit - Personal

## Personal Details

Title:                      First Name:                      Middle Name:  
Family Name:                      DOB:                      /                      /  
Unit No:                      Street No:                      Street Name:  
Suburb:                      Postcode:  
State:                      Country:  
Phone:                      Email:

## Postal Address (If different to above)

Unit No/PO Box:                      Street No:                      Street Name:  
Suburb:                      Postcode:  
State:                      Country:

## Additional Personal Details

Full Name at Birth:  
(If different to above)

City at Birth:

Country at Birth:

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By signing this application form I accept and fully understand the KJC Group terms and conditions as outlined on <http://www.kjcbullion.com.au/tc>

I confirm all the above supplied information is correct and up to date at the time of signing this form.

Print Name:

Sign:

Date:

# Sale

I would like to request the sale of my items from KJC Secure Vaulting.

I would like to sell only part of my items held in KJC Secure Vaulting.

I would like to sell all of my items held in KJC Secure Vaulting.

**Please complete the item list on the following page.**

## Payment Details

Account Name:

BSB:

Account Number:

Bank

I confirm the above supplied bank account is correct and in my name.

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# Removal for Collection / Shipping

I would like to request the removal and sale of my items from KJC Secure Vaulting.

I would like to remove only part of my items held in KJC Secure and have them;

Shipped to my nominated address and agree KJC will invoice me for freight charges.

Collected from the KJC retail store.

I would like to remove all of my items held in KJC Secure Vaulting and have them;

Shipped to my nominated address and agree KJC will invoice me for freight charges.

Collected from the KJC retail store.

**Please complete the item list on the following page.**



Tag/Serial Number *(If applicable)*

QTY	Product	Purity	Unit/\$	Total/\$
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Tag/Serial Number *(If applicable)*

QTY	Product	Purity	Unit/\$	Total/\$
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Tag/Serial Number *(If applicable)*

QTY	Product	Purity	Unit/\$	Total/\$
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**Grand Total**

I confirm the above detailed products are accurate and correct.

Print Name:

Sign:

Date:

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Admin Use:



# KJC Bullion - Registration Help Form

Submitting your identification check to KJC cannot be any easier. If you are an Australian resident simply scan and email to KJC colour copies of a combination of the below identification as listed below in our easy three step process. (International clients will have to supply original notarised copies by mail)

## Easy 3 Step Process

1. Gather required identification.
2. Take photos or scan all identification  
*(Front and back images of cards are required and all images must be in colour).*
3. Submit your identification to KJC via email to [bullion@kjc.com.au](mailto:bullion@kjc.com.au) or by post to:  
KJC GPO BOX 825, Sydney NSW 2001 Australia.

## Primary Identification

You must supply a **minimum of one piece** of primary identification. The options for primary identification include.



Drivers license



Passport

## Secondary Identification

You must supply a **minimum of one piece** of secondary identification. The options for secondary identification include.



Medicare card

## Supporting Identification

You must supply a **minimum of one piece** of supporting identification ***only if you have not supplied a drivers license.*** The options for supporting identification include.



Water, gas or electricity bill



Council rates



Bank statement



Vehicle title or registration



Phone bill